

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/555446

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2				1			52						
3							53						
4				1			54						
5				2			55						
6			1				56						
7							57						
8				1			58						
9				1			59						
10				1			60						
11				2			61						
12				2			62						
13				2			63						
14				2			64						
15				2			65						
16			1				66						
17			1				67						
18							68						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓	6	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.		←	19	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS			33				TOTAL CLAIMS						